

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701958** (1)
1. Corporation Name
CONCORD ARMS INC



Principal Place of Business
**C/O CLAIRE JOHNSTON
2830 N E 30TH ST
FT LAUD FL 33306**

Mailing Address
**C/O CLAIRE JOHNSTON
2830 N E 30TH ST
FT LAUD FL 33306**

3. Date Incorporated or Qualified **01/26/1961**
3a. Date of Last Report **04/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-0971729	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable	
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSTON, CLAIRE 2830 N.E. 30TH STREET FORT LAUDERDALE FL 33306				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Claire Johnston* (Signature, typed or printed name of registered agent and title of applicant)
INWIT Registered Agent's signature required when registering (DATE) **4-6-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, KENNETH			1.2 NAME	JAMES MORAN		
STREET ADDRESS	2830 N E 30TH ST			1.3 STREET ADDRESS	2830 NE30th ST.		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HROBAK, ALBERT			2.2 NAME	CELESTE EVANS		
STREET ADDRESS	2830 N E 30TH ST			2.3 STREET ADDRESS	2830 NE 30th ST.		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CONROY, WILLIAM			3.2 NAME	CLAIRE JOHNSTON		
STREET ADDRESS	2830 N E 30TH ST			3.3 STREET ADDRESS	2830 NE 30th ST.		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARDAM, DOROTHY			4.2 NAME	ALBERT HROBAK		
STREET ADDRESS	2830 N E 30TH ST			4.3 STREET ADDRESS	2830 NE 30th ST.		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELSON, FRANK			5.2 NAME			
STREET ADDRESS	2830 NE 30TH ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James F. Moran*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES MORAN, PRES.
Date: **April 8, 1996**
Daytime Phone: _____

CR2E037 (12/95)